			REALTH AND W		1U9				•	į 😥	14	STATE	FILE NUA	ABER	
AMENDED	. [	R	gistration District No.	/	Pri	mary Registrati	ion District No	0. 1003	Registrar's N	<u>هٔ٠ 0</u> 4	±34				
	<u> </u>	=	PLACE OF DEATH	<del></del> -19	102				2. USUAL RESID	ence (Where de	CHINTY			esidence b	
And I			b. CITY (If outside co		s. give TOWN	ISHIP only)	Length o	of stay in 1b	e. CITY	ssouri	<u> </u>	ackso	on	Inside Lie	
			OR		-	U.1177			OR TOWN	7.5	<b>~</b> • •		1	Yes 24 N	
		—	c. FULL NAME OF (IF	as Cit		ation)		Yrs	d. STREET	<u>Kansa</u>	s City	give location	n)	Reside on	
		_	HOSPITAL OR		ıkes H		1	s 21 No 🗆	II ADDDECC	5115 Wa				Yes D	
	┪┃	_	. NAME OF DECEASED (Type or print)		First	Ι	Middle		Last	4. DATE	Moi		Day	Ye	ar
			(Type or print)		C		Gray		Hodges		Febru		10	196	
		- 5	. SEX	6. COLOR	OR RACE	7. Married		Married [	8. DATE OF BIRT	H 9. AGE (las	t birthday)	IF UNDER	1 YEAR Days	Hours	R :
111		_	Male	Wh		Widowe		Divorced 🗆	12-19-18				1		
		10	<ul> <li>USUAL OCCUPATION</li> <li>during most of working</li> </ul>	(Give kind o	of work done if retired)		OF BUSINESS	OR INDUSTR	11. BIRTHPLACE	(City and state	or country)	i .		VHAT COU	IN
		M	during most of working anulacturer	s Rep	resent	ative	HOTHERIE	AAIDEN NA.	Suwanee	. Tenn.	NAME OF	•	JSA		
			a. FATHER'S NAME	_			. MOTHER'S A					TUSBAND C			
		W	illiam H. H	odges	lika cancer		Mary	Llizab	eth Dodge	<u> </u>		<u>odges</u>			_
	1		. WAS DECEASED EVER es, no, or unknown) [ (If				SOCIAL SEC	UKIIT NO.	l	4. TT -1.		Address	1		
			Yes	wν	V #1			<u> </u>	Mary Ka	te Hodge	s 51.	15 Wa		COVA: OCT	<b>T</b> `
	JMENT		18. CAUSE OF DEATH	Enter only	one cause per	r tine 1				_			INI	ERVAL BET	
5				SPOIN WA	72 CAOSED BA				<i>0</i>	. 7			ON	SET AND D	D
	≤ ■	1			ATE CAUSED BY		greso	me To	rlenona	y Fa	born	in ,	ON P	SET AND D	DI
1   1	VO O						greso	ne G	ulmona	y Fr	born	in y	ON P	SET AND D	DE
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	DOCUA		Condition which gabove stating	IMMED!	ATE CAUSE (	(b) Tro	greso one	me Or	ma	y Fr	bro		ON / 1	SET AND D	DE
	DOCUM	NOI	Condition which go above stating lying continuous conti	immedians, if any, ave rise to cause (a), the under-ause last.	DUE TO O	(c) Che	one CONTRIBUTION	ine de la company de la compan	H but not related	to the terminal	PART		ON /s	SET AND E	DE -
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	POCU	CERTIFICATION	Condition which go above stating lying copart li	immediany, ave rise to cause (a), the under-ause last.  OTHER SI disease con	DUE TO ( DUE TO (  DUE TO (  GNIFICANT (  ndition given  ENT SUICIL	(c) COLUMN (c) CONDITIONS in PART 1 (a) COLUMN (c) COLU	eur	رس	Lever	uged		there a	ceased pregnan	was fema	J le
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		V. Arms Medical Certif	Condition which go above starting lying condition which go above starting lying condition with the condition of the condition of the condition with the condition of the conditi	IMMEDI ons, if any, ave rise to cause (a), the under-ause fast.  OTHER SI disease co.  Zoa. ACCID  Month,	DUE TO (  DUE TO	(c) Chu (c) Chu (c) Chu (c) Chu (d) Chu (e) Chu (e) Chu (f)	(e.g., in or ab	DESCRIBE HO	W INJURY OCCURR 20f. CITY, TOWN, e date stated above	ED. (Enter nature  OR LOCATION  and last saw him  to, and to the best	of injury in	there a	Ceased opregnan	was fema cy in last of item 18.	District Control of the Control of t
	IT OF DOCUM	ld V. Arms MEDICAL CERTIF	Condition which go above starting lying continuous part in par	IMMEDI ons, if any, ave rise to cause (a), the under-ause fast.  OTHER SII disease co.  Month,  ED  WORK   ceased from,	DUE TO (  DUE TO	(c) Che (c) Che (d) Che (d) Che (e) Che (e) Che (e) Che (formalist of the companion of the che (formalist of t	(e.g., in or ab	DESCRIBE HO	W INJURY OCCURR 20f. CITY, TOWN,	ED. (Enter nature  OR LOCATION  and last saw him  , and to the best	of injury in	COUNTY	Coased pregnam PART II	was fema cy in last of item 18.	DE D
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		Arnold V. Arms MEDICAL CERTIF	Condition which go above starting lying continuity of the part of	IMMEDI  ons, if any, ave rise to cause (a), the under-ause last.  OTHER SI disease continues and the under-ause form, average from, 23b. DATE	DUE TO (  DUE TO	(c) Che (c) Che (d) Che (d) Che (e) Che (e) Che (e) Che (for in part 1 (e)) (for in pa	(e.g., in or ab	DESCRIBE HO	W INJURY OCCURR  20f. CITY, TOWN, e date stated above  22b. ADDRESS  MATORY  TE RECD. BY LOCAL	ED. (Enter nature  OR LOCATION  and last saw him , and to the best  23d. LOCATIOR  Kansas	alive onof my know	COUNTY  COUNTY  wledge, fro  Miss	coased pregnan PART II	was femecy in last to of item 18.	

## STATEMENT BY LICENSED EMBALMER

I he	reby certify that the body who	• • • • • • • • • • • • • • • • • • •	verse side of this certificate was embalmed by me,  Student Embalmer No
working und	der my personal supervision.		Behanly Meeken
	Signature of Student Embalmer	•	Licensed Embalmer No. 5028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

P. O. Address\_\_\_\_

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

 $\sim$  .  $\sim$  If this body is not embalmed, fact should be so stated above.